

**Family Homeless Prevention and Assistance Program (FHPAP) Request for Proposals (RFP) Application  
October 1, 2023 – September 30, 2025**

**Application deadline: Wednesday, March 29, 2023, at 4:30 p.m. Central Time**

**NOTE:** Reference the [FHPAP Application Instructions](http://www.mnhousing.gov/get/MHFA_252150) for more information.

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| |  |  | | --- | --- | | **Applicant Information** | | | Organization Name |  | | Legal Organization Name  (if different than above) |  | | Geographic Service Area (list  counties and/or Minnesota Indian  reservations) |  | | Contact Person |  | | Contact Person Title |  | | Organization Street Address |  | | City, State, Zip Code |  | | Telephone Number |  | | Contact Person Email Address |  | | Funding Request |  | | Proposed Total # of Households to be Served |  | |

## **Project Design (20 points)**

Provide a summary of the prevention and homeless needs for households in your organization’s service area. Cite data sources such as the [Homeless Management Information System (HMIS) Dashboard](https://www.hmismn.org/minnesota-dashboards), Point in Time Count through the local Continuum of Care, and [Wilder Foundation data](https://www.wilder.org/wilder-research/research-topics/housing-and-homelessness). Include any discussion about the needs you have had with people with lived expertise, stakeholders, advisory committee members and/or partners.

1. Provide a summary of your project and how it will meet the needs identified in Question 1.
2. Describe both the role and responsibilities of the household and the role of the supportive services staff to assist the household to apply for assistance or secure stable housing.
3. Describe how the project will assist households with transitioning from the project when exited at the end of their participation or at the end of the Grant Contract Agreement period. Include:

* Description of how decisions to discontinue a participant’s enrollment in the project will be made
* Description of approaches that will help ensure access to any support needed on an ongoing basis
* Description of other factors needed to promote stable and successful transitions

## **Equity (30 points)**

1. Recognizing and honoring sovereignty, tribal nations will receive automatic points for the Equity section of this application. Check the “Yes” box if you are a tribal nation or group of tribal nations.

Yes  Skip all questions in this section and move to the Capacity section ([Section C](#_Capacity_(10_points))); 30 points will automatically be granted.

No  Continue to Question 2.

1. Describe the role that people with lived expertise will play in the implementation of the project.
2. Describe two practices or methods your organization will utilize so that households receive assistance with patience and empathy when they are in crisis, experiencing trauma, or are facing discrimination and/or marginalization.
3. Describe two examples of how your organization and partners reflect the demographics of the households intended to be served.

## **Capacity (10 points)**

1. Describe the ability of your organization to carry out this project based on prior work. Examples include:

Existing Applicants

* Success with prior state or federal program (highlight use of HMIS outcome report)
* Prior performance based on another grant or program

New Applicants

* Prior performance based on another grant or program
* Performance based on experience and qualifications of organization staff
* Performance demonstrated by engagement with households disparately impacted by homelessness

1. Indicate how your organization can serve any household regardless of their spoken or written language.
2. Describe how your organization provides support or technical assistance to subgrantees or partners participating in your project, especially new or emerging partners.

## **Budget (5 points)**

1. Complete the separate budget form.
2. Provide the following detail regarding the completed budget:

* Total FTEs:
* Average cost of direct assistance per household for the following:
  + Outreach
  + Coordinated Entry
  + Prevention
  + Rapid Rehousing
* Optional: Provide additional detail to substantiate and justify the average cost of direct assistance per household:

1. Describe how your organization will manage the rate of expenditures to demonstrate that funds will be available to operate your project through the duration of the grant period.
2. Leveraged funds are **not** required; however, describe any proposed leveraged funds, listing in the table below the source, amount, and purpose:

|  |  |  |
| --- | --- | --- |
| **Source** | **Amount** | **Purpose** |
| Example: Agency XYZ | Example: $50,000 | Example: Housing Navigation – .50 FTE |
|  |  |  |
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## **New Applicant Questions (35 points)**

1. Describe your organization’s ability to use the Homeless Management Information System (HMIS), including if your organization has an HMIS license.
2. Describe your organization’s ability to meet reporting timelines, including examples from other grants your organization has managed.
3. Describe your organization’s ability to communicate with funders.
4. Describe any history of fraud or misuse of funds in the past five years.
5. Has your organization had to return unexpended funds back to a funder in the past two years? If yes, please explain.

## **Required Documents**

**Submit the following documents via Minnesota Housing’s online** [**Multifamily Secure Upload Tool**](https://mnhousing.leapfile.net/fts/drop/custom/Index.jsp) **no later than Wednesday, March 29, 2023, at 4:30 p.m. Central Time.** Using the online tool, send items to mhfa.app@state.mn.us. Review the [Upload Tool Instructions](http://www.mnhousing.gov/get/MHFA_1014611) for more information.

* This Application
* [Application Signature Page](http://www.mnhousing.gov/download/MHFA_251613) (with an electronic, digital, or wet signature)

* [Affirmative Action Certification Form](https://www.mnhousing.gov/get/MHFA_1044232) (along with certificate of compliance and additional documentation if required)
* [Budget](http://www.mnhousing.gov/download/MHFA_251612) (refer to [Section D](#_Budget_(5_points)), above)
* Current financial information (does not apply to any governmental organization or tribal nations): Non-governmental organization applying for $25,000 or more must supply the following financial documentation depending on the organization’s total gross revenue (refer to table below):

|  |  |
| --- | --- |
| **Documentation** | **Total Gross Revenue** |
| Board-review Financial Statements | Under $50,000 (or not in existence long enough to have completed IRS Form 990 or an audit) |
| IRS Form 990 and Aging Schedule | $50,000-$750,000 |
| Certified Financial Audit | Over $750,000 |

**The naming convention of the items submitted above should be: FHPAP RFP\_Applicant name\_Name of document**

## **G. Acknowledgment and Consent**

Applicant acknowledges that this application will be reviewed and scored by a review committee comprised of Minnesota Housing Finance Agency (Minnesota Housing) staff, other state agency staff, and community reviewers with knowledge of homeless programs.

The applicant further agrees that, by submitting this application to Minnesota Housing, they agree and understand that this RFP response and data submitted as part of this RFP response are governed by the Minnesota Data Practices Act and may be considered private or nonpublic data.

The applicant further consents to Minnesota Housing sharing all data submitted as part of this RFP response, including private or nonpublic data, to individuals outside of Minnesota Housing who agree to assist with the evaluation of the responses and that such individuals will be instructed that they may not further disseminate the private or nonpublic data received.

By completing, signing, dating, and submitting the signature page (separate page), the applicant acknowledges and consents to the above information as well as the information stated on the signature page.